



Initial Application Date: 8/31/18

Application # SFD/808-0037

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\*

LANDOWNER: Raynor Builders Inc Mailing Address: 772 N Raleigh St  
City: Angier State: NC Zip: 27501 Contact No: 919 291 5223 Email: vannesaedwards  
rbi@gmail.com

APPLICANT\*: Same Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Ponnie Hargis Phone # 919 291-5223

ADDRESS: 12 Trace Turner Ln PIN: 0690-00-7690.000

DEED OR OTP: 3630/727

PROPOSED USE:

- SFD: (Size 46x44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath):  Garage:  Deck:  Crawl Space:  Slab:  Monolithic Slab:   
(Is the bonus room finished?  yes  no w/ a closet?  yes  no (if yes add in with # bedrooms)
- Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath)  Garage:  Site Built Deck:  On Frame  Off Frame   
(Is the second floor finished?  yes  no Any other site built additions?  yes  no
- Manufactured Home:  SW  DW  TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage:  (site built?)  Deck:  (site built?)
- Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition?  yes  no

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final  
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: \_\_\_\_\_ New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation \_\_\_\_\_ Existing Septic Tank  County Sewer  
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above?  yes  no

Does the property contain any easements whether underground or overhead  yes  no

Structures (existing or proposed): Single family dwellings: Proposed Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Ponnie Hargis  
Signature of Owner or Owner's Agent

8/31/18  
Date

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*This application expires 6 months from the initial date if permits have not been issued\*\*

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

**Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

**Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any Easements or Right of Ways on this property?  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?  
 If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**





\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

**Application for Residential Building and Trades Permit**

Owner's Name: Raynor Builders Inc Date: 8-31-18  
Site Address: 12 Trace Turner Lane Coats, NC, 27531 Phone: 919-639-2011  
Directions to job site from Lillington: Take 27 East out of Lillington Bellow to Coats-Take Right at Stoplight-Take right onto Crawford Road-Trace Turner Drive on right  
Subdivision: Trace Turner Lot: 1  
Description of Proposed Work: New Single Family Dwelling # of Bedrooms: 3  
Heated SF: 1210 Unheated SF: 572 Finished Bonus Room? No Crawl Space:      Slab:

**General Contractor Information**

Raynor Builders Inc 919-639-2011  
Building Contractor's Company Name Telephone  
725 N. Raleigh Street, Angier, NC, 27501 vanessaedwardsrbi@gmail.com  
Address Email Address  
40079  
License #

**Electrical Contractor Information**

Description of Work Wire new house Service Size: 200 Amps T-Pole:  Yes  No  
Dawson's Electric 919-201-3841  
Electrical Contractor's Company Name Telephone  
609 Cotton Rd. Fuquay-Varing, NC, 27526 travis@dawsonselectric.com  
Address Email Address  
25948-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Heat and Air for new house  
Stephenson Heating and Air 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Dr. Garner, NC, 27529 stephensonhvac@aol.com  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work Plumb new house # Baths 2  
Avery Plumbing Co. 919-639-2023  
Plumbing Contractor's Company Name Telephone  
3221-B Plain View Church Rd. Angier, NC 27501       
Address Email Address  
10886-P  
License #

**Insulation Contractor Information**

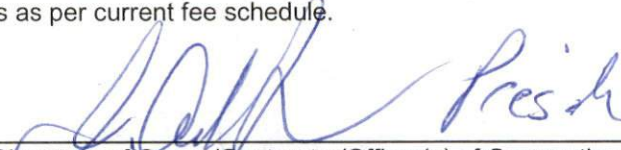
Insulating Inc. 5920 Fayetteville Rd. Raleigh, NC, 27603 919-772-9000  
Insulation Contractor's Company Name & Address Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
Signature of Owner/Contractor/Officer(s) of Corporation

8-28-2018  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

General Contractor     Owner     Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

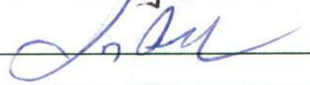
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: Rdynor Builders Inc.

Sign w/Title:  President Date: 8-28-2018



# TOWN OF COATS

# ZONING PERMIT APPLICATION

NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 8-31-18-1 Date: 8/31/18 Fee: \$50

Parcel ID\*: 07069615280008 Area Zoned As: R20

### APPLICANT:

### PROPERTY OWNER:

Name (Print) Raynor Builders Inc  
 Address 725 N. Raleigh Street  
 City, State Angier, NC  
 Zip Code 27501  
 Phone # 919-639-2011

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_

Location of Property: IN-TOWN  ETJ \_\_\_\_\_ ETJ (contiguous) \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

### PROPOSED USE OF PROPERTY:

Single Family Dwelling: # Rooms: 10 # Bedrooms: 3 Square Feet: 1210  
 Multi Family Dwelling: # of Units: \_\_\_\_\_ #Bedrooms (per unit): \_\_\_\_\_ Square Feet (per unit) \_\_\_\_\_  
 Mobile Home (single lot): Single wide: \_\_\_\_\_ Double Wide: \_\_\_\_\_  
 Mobile Home Park: Section 16, Zoning Ordinance must apply  
 Business: Total # of employees per day \_\_\_\_\_ Type of business \_\_\_\_\_  
 Others (specify): \_\_\_\_\_  
 Existing structure: Renovate: \_\_\_\_\_ Addition: \_\_\_\_\_ Demolish: \_\_\_\_\_

### WATER AND SEWER SUPPLY:

Water:  Private  Public  Proposed  Existing  
 Sewer:  Private  Public  Proposed  Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: [Signature] Date: 8-31-18

<b>ZONING ADMINISTRATOR USE ONLY</b>		<b>APPROVED</b>
Notes: _____		
Approved: <input checked="" type="checkbox"/>	Denied: <input type="checkbox"/>	<b>TOWN OF COATS ZONING VALID FOR 12 MONTHS</b>
Zoning Administrator: <u>Nick Holcomb</u>	Date: <u>8/31/18</u>	

APPROVED FOR SIGNING  
TOWN OF COVINGTON

APPROVED